MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
9851

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 1118, S. Eighth St., St. ..... Ward)

File No. .....
Registered No. 8225

2. FULL NAME Lizzie Jacobson or Rosenfeld

(a) Residence. No. ..... St., 25 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Max Rosenfeld

6. DATE OF BIRTH (MONTH, DAY AND YEAR) not known 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
abt. 55	—	—	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work 2nd Hand Clothing
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Russia

PARENTS
10. NAME OF FATHER not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Russia
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Russia

14. INFORMANT Max Rosenfeld
(Address) 1508 Wash St.

15. FILED....., 19.... Max B. Starkoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-8-27 19

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 1:15 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aortic Stenosis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Gma
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS?

3/10, 19 (Signed) Frank Dyer, M. D.
(Address) Dep Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Chesed Shel Emeth — DATE OF BURIAL March 10 1927

20. UNDERTAKER H. Rindskopf — ADDRESS 3216 Delmar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.